

UTAH MEDICAL EDUCATION COUNCIL

Meeting Minutes

February 15, 2017

Held 12:00 p.m. UMEC offices

Council Members Present:

Wayne Samuelson (Chairman)
Doug Smith
Mary Williams

John Beneike (by phone)
Gar Elison
Sue Wilkey (by phone)

Council Members Excused:

Larry Reimer
Mark Hiatt

Other Individuals Present:

Staff Present:

Ric Campbell
Julie Olson
Annette Harris
Gaby Garcia

Jenna Christensen
Clark Ruttinger
Andrew Salt

Motions:

- The October 13, 2016 meeting minutes were approved unanimously.

Handouts:

- Agenda for 2-15-2017 Meeting
- Minutes of the 10-13-16 Meeting
- UMEC Partnerships

Action Items

- Clark suggested comparing the data to the list of residency spots that are MOU-funded to show how our data is informing retention in the state for those specific specialties.
- Doug Smith requested to see a grouping of primary care versus everything else on the retention report.

1. Call to order, introduction of staff, and approval of 10-13-16 minutes – Wayne

Motion: The 10-13-16 minutes were approved unanimously.

2. Partnerships - Ric

Per Ric's handout, the following UMEC partnerships were identified:

DOPL – receive licensing databases used for survey mailings. DOPL hosted an online survey for RNs.

Department of Workforce Services – UMEC provides SSNs and receives industry NIC codes.

Department of Health – SIM grant funding to publish Mental Health workforce report, Office of Health Care Statistics shares all-payers claims database

Teaching Hospitals – provide funding to UMEC. UMEC provides residency rotation data used in Medicare cost reports, job fairs, job board, retention report.

Area Health Education Centers – rural rotation program.

Utah Hospital Association Workforce Committee – data sharing and policy discussion.

Board of Regents – report distribution, administrative support to UMEC – Dave Buhler's support and cooperation has been extremely beneficial to the UMEC.

Study Committees – industry experts help with survey development and report findings

Nursing Community – UACH - provide workforce data to action coalitions, UONL – provide annual education

data, National Forum for Nursing Workforce Information Centers – share best practices

3. **Legislative Update - Ric**

The council was not singled out this year in the appropriations process and is now viewed as a program within the higher education system. There was a 2% reduction accessed on all agencies with a committee building block aimed at restoring that 2%.

Last year the Utah Academy of Family Physicians was looking to get additional funding for residency slots, which failed. Ric suggested looking for funds through Higher Ed. instead of Social Services. Jennifer Dailey told Ric that they are at the top of the list for one-time money (not ongoing). It would be \$1.2 million for four residencies, which would take the four residents through their entire training (three years). Next year, they could go for additional one-time funding. Gar asked if those funds could be pulled down for a federal match. Ric responded that currently the federal match comes through the Medicaid program and is sent to the teaching hospitals as general funds.

UMEC presented at the first ever Utah Primary Care Summit. A key priority from the summit was a change in workforce studies - looking at need a little differently in terms of population health as well as the service delivery paradigm. A grant proposal to undertake this kind of study is being generated by Mike Magill and U of U Department of Family Preventative Medicine. This study would also look at telemedicine.

4. **Resident Retention Report – Andrew**

Andrew Salt presented on the Resident Retention Report for the year 2015-16. The information is obtained from the GME offices and searches are done to find them either through DOPL or websites. The person is then contacted to make sure where they are. This is done for every graduate since 1998. The retention rate has only fluctuated a few percentage points from year to year, with a slight upward trend. This retention information is sent back to the residency programs as a measurement tool for their programs.

Action Item: Clark suggested comparing the data to the list of residency spots that are MOU-funded to show how our data is informing retention in the state for those specific specialties.

John Berneike added that where you can train vs. where there are jobs available after graduation is also a factor to consider. Fellows are also more likely to go into academic medicine or to join an academic department other than where they are trained.

Action Item: Doug Smith requested to see a grouping of primary care versus everything else on the retention report.

5. **Rural Rotation Report – Jenna**

The reason we provide rural rotations is to provide healthcare to underserved areas, allows healthcare professionals to begin experiencing rural settings, and people who train in rural settings sometime go on to practice in those settings. This year, 8.5% of people who did rural rotations went on to practice in rural areas.

Jenna then presented findings of the Rural Rotation Report.

The data shows no PA rural rotations last year because the U of U got a grant to fund those rotations for a year, but this year they are back and already doing nine rotations. The rotations are typically two-four weeks.

The UMEC is now funding Utah Valley residents in Manti. The money pulled back from the OB/GYN program is hopefully going to increase the rural rotations in family medicine and psychiatry. Starting in the summer of 2017

(summer only), master of social work students will begin rotations in rural areas. There is funding for 20 students to complete four-week rotations. This focus came out of the mental health study that was published last year.

Gar asked about patient origin – patients outside Utah who are being treated in Utah. John Berneike suggested contacting UHIN which may have good information on that data.